

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	9/19/00
COPIE CLASSIFIER	<i>[Signature]</i>	45	9/27
FORMALITY REVIEW	SK	1007	10/24/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	X	✓	10/17/02
2	X	✓	3/1/03
3	✓	✓	
4	✓	✓	
5	X	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	X	✓	
11	X	✓	
12	✓	✓	
13	✓	✓	
14	✓	✓	
15	✓	✓	
16	✓	✓	
17	✓	✓	
18	✓	✓	
19	X	✓	
20	X	✓	
21	X	✓	
22	X	✓	
23	X	✓	
24	✓	✓	
25	✓	✓	
26	✓	✓	
27	✓	✓	
28	✓	✓	
29	✓	✓	
30	X	✓	
31	X	✓	
32	X	✓	
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If more than 150 claims or 10 actions
staple additional sheet here

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